

Title Form 1

All applications must be filled out by applicant

PLANS AND SPECIFICATIONS  
and other data must also be filed

1

BOARD OF PUBLIC WORKS

## DEPARTMENT OF BUILDINGS

Application for the Erection of Buildings  
CLASS "A"—~~"B"~~—~~"C"~~ *Reinforced Concrete*

To the Board of Public Works of the City of Los Angeles:

Application is hereby made to the Board of Public Works of the City of Los Angeles, through the office of the Chief Inspector of Buildings, for a building permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to the following conditions, which are hereby agreed to by the undersigned applicant and which shall be deemed conditions entering into the exercise of the permit:

First: That the permit does not grant any right or privilege to erect any building or other structure therein described, or any portion thereof, upon any street, alley, or other public place or portion thereof.

Second: That the permit does not grant any right or privilege to use any building or other structure therein described, or any portion thereof, for any purpose that it or may hereafter be prohibited by ordinance of the City of Los Angeles.

Third: That the granting of the permit does not affect or prejudice any claim of title to, or right of possession in, the property described in such permit.

TAKE TO  
ROOM No. 6  
FIRST  
FLOOR  
CITY CLERK  
PLEASE  
VERIFYLot No. *1*

Block

Description of Property

*Track 3431*District No. *32 1/2*

M. B. Page

F. B. Page

TAKE TO  
ROOM No. 405  
SOUTH  
ANNEXENGINEER  
PLEASE  
VERIFYNo. *6362-6364*

(Location of Job)

Street

*Hollywood Blvd*

USE INK OR INDELIBLE PENCIL

O. K. City Engineer

By *[Signature]*  
Deputy

- Purpose of Building *Office and Store* No. of Rooms *71* No. of families
- Owner's name *Palmer Bldg. Corp* Phone *Holly 15*
- Owner's address *6426 Hollywood Blvd*
- Architect's name *E. J. Flaherty* Phone *14281*
- Contractor's name *E. L. Peck* Phone *Main 4057*
- Contractor's address *221 N. W. Hellman Bldg.*
- TOTAL VALUATION OF BUILDING (Including Plumbing, Gas Fitting, Sewers, Coops, Elevators, Painting, Finishing, etc.) \$ *180,000.00*
- Any other buildings on lot at present? *No* How used?
- Size of proposed building *50' x 150'* Size of lot *50' x 150'* feet
- Number of stories in height *Three* Height to highest point *72' 0"*
- Material of foundation *Concrete* Character of soil *Hard Clay*
- Size of footings *See Plans* Depth below surface of ground *See Plans*
- Number of chimneys *See Plans* Material of chimneys *"*
- Number of inlets to each flue *"* Interior size of such flues *x' x' x'*
- Material of exterior walls *"*
- Material of interior construction *"* Foundation *10336*
- Material of floors *Concrete*
- Material of roof *Concrete*
- Are there any other buildings within 30 feet of the proposed structure?

I have carefully examined and read the above application and know the same is true and correct; and hereby certify and agree that if a permit is issued that all of the provisions of the Building Ordinances will be complied with, whether herein specified or not; also certify that the plans and specifications herewith filed conform to all of the provisions of the Building Ordinances and State Laws.

(Sign here)

(Owner or Authorized Agent.)

FOR DEPARTMENT USE ONLY

PERMIT NO.

*19663*

Plans and specifications checked and found to conform to Ordinances, State Laws, etc.

Plan Examiner.

Application checked and found O. K.

AUG 18 1927

Clerk.

Stamp: *10336-27*

AUG 18 1927

Foundation 10336-27

X *Caombe*  
*Coak*

## REMARKS

96801



City of Los Angeles  
Department of Building and Safety

**"NORTHRIDGE EARTHQUAKE" FILE  
(EQ1-94)**

ADDRESS: **6362 - 6366 HOLLYWOOD BL**

RECORD NO.: **9385**      \*POSTING: **YELLOW**

The document(s) contained in this file are related to the inspection(s) and/or permits issued for buildings surveyed and/or damaged from the January 17, 1994 earthquake or related aftershocks. Many of the damage estimates were made under emergency conditions and should not be used to make bids for repair, demolition, or rebuilding. These records were created for use by the Department of Building and Safety only. The City of Los Angeles and the Department of Building and Safety are not responsible for any use of this data. Check the retrieval index for all available earthquake documents as other documents may have become available for viewing after this file was prepared for viewing (filmed and scanned).

"RECORD NO." refers to a unique computer-generated number assigned by the Damage Assessment database to uniquely identify a structure or, in cases of a vacant lot, the site. Each separate building was assigned a unique Record No. For example, a site with a dwelling and detached garage was assigned two Record Nos. (one for the dwelling and one for the garage).

\*\*"POSTING" is based on the last inspection report in the earthquake files at the time it was prepared for viewing. It refers to the type of placard affixed to the structure (or site when the lot is vacant) by a Building and Safety Inspector during an inspection for earthquake damage or repair. The official placards are commonly referred to by their color as follows: "RED" is unsafe to occupy; "YELLOW" is limited entry; and "GREEN" is safe to occupy. Other designations were used in the Posting field, but are not postings. They are "CERT" and "PERMIT" and are described as follows:

"CERT" refers to cases where a Certified License Contractor repaired either an earthquake damaged roof, garden wall or chimney (chimney only until 12/94), and certified that the work was completed via a Certificate of Completion. No posting is available as a Building and Safety Inspector did not make an inspection for earthquake damage or repair. WHEN THE POSTING IS "CERT", IT IS EXPECTED THAT ONLY A CERTIFICATE OF COMPLETION WILL FOLLOW THE COVER SHEET.

"PERMIT" is used when no inspection was made by Building and Safety for earthquake damage prior to issuing a permit to repair damage and our records do not indicate that the work was completed for all outstanding earthquake repair permits for this structure at the time the file was prepared for viewing. WHEN THE POSTING IS "PERMIT", IT IS EXPECTED THAT NO DOCUMENTS, EXCEPT POSSIBLY A COPY OF THE PERMIT WITH HAND-WRITTEN ADDRESS CORRECTIONS, WILL FOLLOW THE COVER SHEET.

OBS 9385  
 ORIG CITY OF LOS ANGELES  
 DEPARTMENT OF BUILDING AND SAFETY  
 RE-ENTERED 10-20-94 GDC/MS  
**RAPID SCREENING INSPECTION FORM**  
 6362-84 6362-66 HOLLYWOOD 34th St 612

**A. TYPE OF DISASTER:**  
☐ Fire ☒ Earthquake  
☐ Flood ☐ Other \_\_\_\_\_

**B. BUILDING USE:**  
☐ Residential  
☒ Commercial

**C. INCLUSIVE ADDRESS:** 6362-84 Hollywood St. **COUNCIL DISTRICT:** 13

**D. OWNER:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MANAGER:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**E. No of Stories:** 2 **No. of Living Units:** 0 **Basement:** ☐ YES ☐ NO ☒ UNKNOWN

**TYPE CONSTRUCTION:** URM I II III IV V **APPROX. SIZE** 80 ft. x 300 ft.

**PRIMARY OCCUPANCY: (Check one, only)**

<input type="checkbox"/> 01 DWELLING	<input type="checkbox"/> 04 AMUSEMENT	<input type="checkbox"/> 07 PVT. GARAGE	<input type="checkbox"/> 10 HOSPITAL	<input checked="" type="checkbox"/> 13 OFFICE	<input type="checkbox"/> 16 RET. STORE	<input type="checkbox"/> 21 THEATRE
<input type="checkbox"/> 02 DUPLEX	<input type="checkbox"/> 05 APARTMENT	<input type="checkbox"/> 08 PUB. GARAGE	<input type="checkbox"/> 11 HOTEL	<input type="checkbox"/> 14 PUB. ADMIN.	<input type="checkbox"/> 17 RESTAURANT	<input type="checkbox"/> 22 WAREHOUSE
<input type="checkbox"/> 03 AIRPORT	<input type="checkbox"/> 06 CHURCH	<input type="checkbox"/> 09 GAS STATION	<input type="checkbox"/> 12 MFG.	<input type="checkbox"/> 15 PUB. UTIL.	<input type="checkbox"/> 18 SCHOOL	<input type="checkbox"/> 35 CONDO
						<input type="checkbox"/> 99 OTHER

**F. INSTRUCTIONS:** Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

**EXISTING HAZARDOUS CONDITIONS**

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Nonstructural Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Interior Walls/partitions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Structural Elements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elevators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stairs/Exits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electric/Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Columns/pilasters/corbel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chimney	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Moments Frames	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Precast connections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other "ROOF HOUSE"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:** ROOF HOUSE HAS COLLAPSED ONTO ADJACENT BUILDING  
REMAINING STRUCTURE IS OUT OF PLANE

**G. Vacate Bldg.?** ☐ YES ☒ NO **Partially Vacate Bldg.?** ☐ YES ☒ NO **No. of Living Units Vacated:** 0

**EST. DAMAGE:** 5 % **EST. DAMAGE:** \$ 25,000.00 **PERMIT REQUIRED?** ☒ YES ☐ NO

**H. OVERALL RATING:**

Existing	Recommended
<input type="checkbox"/>	<input type="checkbox"/>
INSPECTED (Green)	
Exterior Only	
Exterior and Interior	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
LIMITED ENTRY (yellow)	
UNSAFE (Red)	
Building	
Area (See Section I-3)	

**I. RECOMMENDATIONS (Circle Number / Fill in data)**

- No Further Action required.
- Detailed Evaluation required.
  - X Structural \_\_\_\_\_ Geotechnical
- Barricades needed in the following areas:  
Along Drive Way
- Disconnect utilities:
  - Electric \_\_\_\_\_ Gas \_\_\_\_\_ Water \_\_\_\_\_

**J. INSPECTOR:**  
 Name/I.D.: Promer / Cohen  
 Phone: 368-7561

**K. INSPECTED:**  
 Date: 1-21-94  
 Time: 10:30 a.m.

**1<sup>ST</sup> REINSPECTION** *Entered 8/31/94* **9385**

**1. START TIME** 12:30 **THOMAS BROS. REF** **CITY OF LOS ANGELES** **DISASTER I.D.** EQ1-94 **RECORD NUMBER** 9385 *126*

**DEPARTMENT OF BUILDING AND SAFETY**  
**DISASTER RE-INSPECTION FORM**  
 (COMPLETE ONLY ONE FORM PER BUILDING)

**2. SITE ADDRESS** 6362 HOLLYWOOD BL. **3. ADDRESS CORRECTION REQUIRED** ☐

**4. CORRECTED ADDRESS** 6362 HOLLYWOOD BL. **5. ADDRESS COMMENTS** 6362-66 HOLLYWOOD BL. AKA 1650 COSMO ST.

**6. OWNER DOING BUSINESS AS** BLUM, JOSEPH A. **7. INITIAL INSPECTION COMMENTS** Roof House has collapsed onto adjacent building remaining structure is out of plane. *Hand Keyed NP 5/6/94*

**8. TYPE OF CONSTR.** SB547 **9. NO. OF STORIES** 4 **10. OVERALL BUILDING DIMENSIONS** WIDTH 300' X LENGTH 80' **11. TOTAL DWLG. UNITS** 0 **12. BUILDING USE** COM'L **13. BASEMENT** UNK **14. COUNCIL DISTRICT** 13

**15. PRIMARY OCCUPANCY (Select one only)**  
 (13) OFFICE  
 SINGLE FAM. DWLG. ☐ GAS STATION ☐ RESTAURANT ☐  
 DUPLEX ☐ HOSPITAL ☐ SCHOOL ☐  
 AIRPORT ☐ HOTEL ☐ THEATER ☐  
 AMUSEMENT ☐ MANUFACTURING ☐ WAREHOUSE ☐  
 APARTMENT ☐ OFFICE ☐ MOBILE HOME ☐  
 CHURCH ☐ PUB. ADMIN. ☐ CONDOMINIUM ☐  
 PRIV. GARAGE ☐ PUB. UTILITIES ☐ OTHER ☐  
 PUB. GARAGE ☐ RETAIL ☐

**16. CURRENT SITE CONDITIONS**

**A. OVERALL CONDITIONS** YES ☐ NO ☐ **C. STRUCTURAL HAZARDS** YES ☐ NO ☐ **D. NON-STRUCT. HAZARDS** YES ☐ NO ☐ **E. GEOTECHNICAL HAZARDS** YES ☐ NO ☐

**B. HABITABILITY** YES ☐ NO ☐ **F. HAZARDOUS MATERIALS** YES ☐ NO ☐

**17. RECOMMENDATIONS** YES ☐ NO ☐ **18. % STRUCT. DAMAGE** 5 **19. ESTIMATED STRUCTURAL REPAIR COST** \$25000 **20. ESTIMATED GEOTECHNICAL REPAIR COST** 0 **21. NO. UNITS VACATED** 0

**22. TYPE OF ORDER REQUIRED** 91.8907 (BLUE) ☐ 91.8903 (WHITE) ☐ 91.8904-ABATE (GRAY) ☐ 91.8101-OTC (WHITE) ☐ **23. OVERALL RATING** LTD ENTRY **24. INSPECTOR'S NAME** Fish, Allen **25. INSPECTOR'S I.D.** 17767 **26. AGENCY** BAB **27. DATE** 5-4-94 **28. END TIME** 12:45

**29. EXTENTS OF INSPECTION** EXTERIOR ONLY ☐ INTERIOR ONLY ☐ BOTH (INT/EXT) ☐

**30. LTD. ENTRY/UNSAFE RATING APPLIES TO:** ENTIRE BUILDING ☐ AN AREA (Describe) 4TH FLOOR ☐

## INSTRUCTIONS

## ALWAYS USE A NO. 2 PENCIL ONLY

1. Refrain from making extraneous marks or smudging pencil marks in and around the mark bubbles.
2. Ensure all data is accurately written onto this form.
3. Print all hand-written information clearly and legibly within the space provided.
4. All numeric data should be marked from the furthest right position. For example, 34 DWLG. UNITS should be marked as follows

CORRECT&gt;

11. TOTAL DWLG. UNITS			
34			
0	1	2	3
4	5	6	7
8	9	0	1
2	3	4	5
6	7	8	9
0	1	2	3
4	5	6	7
8	9	0	1

INCORRECT&gt;

11. TOTAL DWLG. UNITS			
34			
0	1	2	3
4	5	6	7
8	9	0	1
2	3	4	5
6	7	8	9
0	1	2	3
4	5	6	7
8	9	0	1

5. Any existing information will be pre-printed on this form in the shaded heading area or along-side the mark bubbles. If it is determined that this information has changed or is incorrect, line out the pre-printed information and overwrite it with the correct information. You may only write in the shaded heading area provided. Mark the bubbles ONLY if you have changed the existing information or if you are supplying new information which was not previously indicated.
6. Verify all existing information in section 16. CURRENT SITE CONDITIONS. A "Y" (YES) will be pre-printed next to each set of mark bubbles. If the information is correct do not mark any bubbles. If the information is incorrect, mark the appropriate YES bubble. In the case when an existing "Y" condition proves to be incorrect, make a note of it in the COMMENTS section, but do not mark a bubble. NOTE: Provide a permit number, if possible, in the COMMENTS field if section 16D indicates that the building is UNDER REPAIR, REPAIR COMPLETE, or DEMOLISHED.

29. COMMENTS

PRINT CLEARLY AND LEGIBLY

► LIST PERMIT NO(S) (IF ANY) ►

1994 APR 30 AM 3:09

2ND INSPECTOR 8-23-94~~RE R-100~~Y-~~B~~G EQ1-94

## A. TYPE OF DISASTER:

- ☐ Fire ☒ Earthquake  
☐ Flood ☐ Other \_\_\_\_\_

CITY OF LOS ANGELES OBS 9385  
DEPARTMENT OF BUILDING AND SAFETY

## B. BUILDING USE:

- ☐ Residential  
☒ Commercial

## RAPID SCREENING INSPECTION FORM

114 5346 008 019

148.5A187

## C. INCLUSIVE ADDRESS:

6500 Hollywood Bl AKA 165 COUNCIL DISTRICT: 13

## D. OWNER:

6362-666

PHONE NO.:

## MANAGER:

PHONE NO.:

E. No of Stories: 4 No. of Living Units: 0 Basement: ☒ YES ☐ NO ☐ UNKNOWNTYPE CONSTRUCTION: URM I II III IV V APPROX. SIZE 30 ft. x 150 ft.

## PRIMARY OCCUPANCY: (Check one, only)

- |                                      |                                       |   |                                      |   |   |                                       |
|--------------------------------------|---------------------------------------|---|--------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> 01 DWELLING | <input type="checkbox"/> 04 AMUSEMENT | <input type="checkbox"/> 07 PVT. GARAGE | <input type="checkbox"/> 10 HOSPITAL | <input type="checkbox"/> 13 OFFICE      | <input checked="" type="checkbox"/> 18 RET. STORE | <input type="checkbox"/> 21 THEATRE   |
| <input type="checkbox"/> 02 DUPLEX   | <input type="checkbox"/> 05 APARTMENT | <input type="checkbox"/> 08 PUB. GARAGE | <input type="checkbox"/> 11 HOTEL    | <input type="checkbox"/> 14 PUB. ADMIN. | <input type="checkbox"/> 17 RESTAURANT            | <input type="checkbox"/> 22 WAREHOUSE |
| <input type="checkbox"/> 03 AIRPORT  | <input type="checkbox"/> 06 CHURCH    | <input type="checkbox"/> 09 GAS STATION | <input type="checkbox"/> 12 MFG.     | <input type="checkbox"/> 15 PUB. UTIL.  | <input type="checkbox"/> 18 SCHOOL                | <input type="checkbox"/> 35 CONDO     |
|                                      |                                       |   |                                      |   |   | <input type="checkbox"/> 99 OTHER     |

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

## EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Nonstructural Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Interior Walls/partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Structural Elements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stairs/Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electric/Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Columns/pilasters/correls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Moments Frames	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Precast connections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: Cracks on exterior walls - need structural Eval - issue

9/8/01

G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☐ YES ☒ NO No. of Living Units Vacated: 0  
 EST. DAMAGE: 10 % EST. DAMAGE: \$ 25,000 PERMIT REQUIRED? ☒ YES ☐ NO

## H. OVERALL RATING:

Existing Recommended

INSPECTED (Green)

☐☒20 Exterior Only

Exterior and Interior

LIMITED ENTRY (yellow)

☐☐

UNSAFE (Red)

☐☐

Building

Area (See Section I-3)

## I. RECOMMENDATIONS: (Circle Number / Fill in data)

1. No Further Action required.

2 Detailed Evaluation required.X Structural \_\_\_\_\_ Geotechnical

3. Barricades needed in the following areas:

4. Disconnect utilities:

\_\_\_\_\_ Electric \_\_\_\_\_ Gas \_\_\_\_\_ Water

## J. INSPECTOR:

Name/I.D.: B. Neighbors 12275Phone: 368-7612

## K. INSPECTED:

Date: 8-23-94Time: 11:10

(a.m./p.m.)

EQ 1-94

**A. TYPE OF DISASTER:**

☐ Fire ☒ Earthquake  
☐ Flood ☐ Other \_\_\_\_\_

6-7 CITY OF LOS ANGELES *PAID 10-20-54*  
DEPARTMENT OF BUILDING AND SAFETY *6-10-54*

# RAPID SCREENING INSPECTION FORM

APN 5546 008 019

**B. BUILDING USE:**

☐ Residential  
☒ Commercial

**C. INCLUSIVE**

ADDRESS: 6362-66 Hollywood Blvd Aka 1650 Cosmo st DISTRICT: 13

## COUNCIL

DISTRICT: 13

## D. OWNER:

PHONE NO.:

MANAGER:

PHONE NO.:

E. No of Stories: 4 No. of Living Units: 5 Basement: ☒ YES ☐ NO ☐ UNKNOWN

TYPE CONSTRUCTION: URM ) I II III IV V    APPROX. SIZE 50 ft. X 150 ft.

**PRIMARY OCCUPANCY:** (Check one, only)

<input type="checkbox"/>	01 DWELLING	<input type="checkbox"/>	04 AMUSEMENT	<input type="checkbox"/>	07 PVT. GARAGE	<input type="checkbox"/>	10 HOSPITAL	<input type="checkbox"/>	13 OFFICE	<input checked="" type="checkbox"/>	18 RET. STORE	<input type="checkbox"/>	22 WAREHOUSE
<input type="checkbox"/>	02 DUPLEX	<input type="checkbox"/>	05 APARTMENT	<input type="checkbox"/>	08 PUB. GARAGE	<input type="checkbox"/>	11 HOTEL	<input type="checkbox"/>	14 PUB. ADMIN.	<input type="checkbox"/>	17 RESTAURANT	<input type="checkbox"/>	35 CONDO
<input type="checkbox"/>	03 AIRPORT	<input type="checkbox"/>	06 CHURCH	<input type="checkbox"/>	09 GAS STATION	<input type="checkbox"/>	12 MFG.	<input type="checkbox"/>	15 PUB. UTIL.	<input type="checkbox"/>	19 SCHOOL	<input type="checkbox"/>	99 OTHER

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES" "UNKNOWN" findings and extent of damage under "Comments."

## EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. <i>Structure Hazardous Overall</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. <i>Nonstructural Hazards</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Interior Walls/partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>Hazardous Structural Elements</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs/Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electric/Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Columns/pilasters/corbels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. <i>Geotechnical Hazards</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Moments Frames	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precast connections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS: Reinspection for address as per K. Penner - previous 6-4 dated 8-23-94 is correct address.

G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☐ YES ☒ NO No. of Living Units Vacated: 7  
EST. DAMAGE: 10 % EST. DAMAGE: \$ 25,000 PERMIT REQUIRED? ☒ YES ☐ NO

H. OVERALL RATING:

Existing	Recommended
----------	-------------

INSPECTED (Green)

☒ Exterior Only  
☐ Exterior and Interior

LIMITED ENTRY (yellow)

**UNSAFE (Red)**

\_\_\_\_\_ Building

\_\_\_\_\_ Area (See Section I-3)

**I. RECOMMENDATIONS:** (Circle Number / Fill in data)

1. No Further Action required.

2 Detailed Evaluation required.

  X   Structural             Geotechnical

3. Barricades needed in the following areas:

#### 4. Disconnect utilities:

\_\_\_\_\_ Electric    \_\_\_\_\_ Gas    \_\_\_\_\_ Water

**J. INSPECTOR:**

Name/I.D.: 3-Neighbors 12225

Phone: 368-7612

**K. INSPECTED:**

Date: 9/28/94

Time: 11:00

~~a.m./p.m.~~



1. START TIME <b>1250</b>		THOMAS BROS. REF		CITY OF LOS ANGELES DEPARTMENT OF BUILDING AND SAFETY DISASTER RE-INSPECTION FORM (COMPLETE ONLY ONE FORM PER BUILDING)		DISASTER I.D. <b>EQ1-94</b>		RECORD NUMBER <b>9385</b> <small>(OFFICE USE ONLY)</small>			
DO NOT WRITE BETWEEN THESE LINES 2. SITE ADDRESS <b>6362 HOLLYWOOD BL</b> 4. CORRECTED ADDRESS 5. ADDRESS COMMENTS <b>AKA 1650 COSMO ST</b>		3. ADDRESS CORRECTION REQUIRED <input type="checkbox"/>		<b>URM</b> <del>EQ</del> <b>EQ DIV JOB</b>				6. OWNER DOING BUSINESS AS <b>BLUM, JOSEPH A AND</b> 7. INITIAL INSPECTION COMMENTS <b>NO COMMENTS (05/04/94). CRACKS ON EXTERIOR WALLS, NEED STRUCT EVALUATION. ISSUE .8101 (8/23/94). REINSPECTION FOR ADDRESS AS PER KAREN PENERA - PREVIOUS G4 DATED 8/23/94 IS CORRECT ADDRESS (9/28/94).</b>			
8. TYPE OF CONSTR. <b>URM</b>		9. NO. OF STORIES <b>4</b>		10. OVERALL BUILDING DIMENSIONS WIDTH <b>30 X</b> LENGTH <b>150</b>		11. TOTAL DWLG. UNITS <b>0</b>		12. BUILDING USE <b>COM'L</b>			
TYPE I <input type="checkbox"/> TYPE II <input type="checkbox"/> TYPE III <input type="checkbox"/> TYPE IV <input type="checkbox"/> TYPE V <input type="checkbox"/> U.R.M. <input type="checkbox"/> URM INFILL <input type="checkbox"/> TILT-UP <input type="checkbox"/> OTHER <input type="checkbox"/>								13. BASEMENT <b>YES</b> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>			
								14. COUNCIL DISTRICT <b>13</b> 15. PRIMARY OCCUPANCY (Select one only) <b>(16) RETAIL</b> SINGLE FAM. DWLG. <input type="checkbox"/> GAS STATION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> DUPLEX <input type="checkbox"/> HOSPITAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> AIRPORT <input type="checkbox"/> HOTEL <input type="checkbox"/> THEATER <input type="checkbox"/> AMUSEMENT <input type="checkbox"/> MANUFACT'NG <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> OFFICE <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> CHURCH <input type="checkbox"/> PUB. ADMIN. <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> PRIV. GARAGE <input type="checkbox"/> PUB. UTILITIES <input type="checkbox"/> OTHER <input type="checkbox"/> PUB. GARAGE <input type="checkbox"/> RETAIL <input checked="" type="checkbox"/>			
16. CURRENT SITE CONDITIONS											
A. OVERALL CONDITIONS NO APPARENT DAMAGE <input type="checkbox"/> REPAIRS COMPLETE (Write Permit # in COMMENTS) <input type="checkbox"/> DEMOLISHED (Write Permit # in COMMENTS) <input type="checkbox"/> SITE CLEARED OF DEBRIS <input type="checkbox"/> NO WORK STARTED <input type="checkbox"/> FENCED <input type="checkbox"/>			C. STRUCTURAL HAZARDS TOTAL/PARTIAL BUILDING COLLAPSE <input type="checkbox"/> BUILDING OR STORY LEANING <input type="checkbox"/> FOUNDATION <input type="checkbox"/> ROOF/FLOORS (VERTICAL LOADS) <input type="checkbox"/> COLUMNS/PILASTERS/CORBELS <input type="checkbox"/> DIAPHRAGMS/HORIZONTAL BRACING <input type="checkbox"/> WALLS/VERTICAL BRACING <input type="checkbox"/> MOMENT FRAMES <input type="checkbox"/> PRE-CAST CONNECTIONS <input type="checkbox"/> OTHER <input type="checkbox"/>			D. NON-STRUCT. HAZARDS PARAPETS/ORNAMENTATION <input type="checkbox"/> CLADDING/GLAZING <input type="checkbox"/> CEILING/LIGHT FIXTURES <input type="checkbox"/> INTERIOR WALLS/PARTITIONS <input type="checkbox"/> ELEVATORS <input type="checkbox"/> STAIRS/EXITS <input type="checkbox"/> CHIMNEY <input type="checkbox"/> MASONRY "GARDEN" WALLS <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GAS PIPING <input type="checkbox"/> WATER/WASTE PLUMBING <input type="checkbox"/> HEATING/AIR CONDITIONING <input type="checkbox"/> OTHER <input type="checkbox"/>			E. GEOTECHNICAL HAZARDS GROUND MOVEMENT/FISSURES <input type="checkbox"/> SLOPE FAILURE (CLASS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RETAINING WALL FAILURE <input type="checkbox"/> DEBRIS/MUD FLOW <input type="checkbox"/> WATER DAMAGE <input type="checkbox"/>		
B. HABITABILITY OCCUPIED <input type="checkbox"/> BUILDING VACANT/ UNINHABITABLE <input type="checkbox"/> PARTIALLY VACATED (Describe area below) <input checked="" type="checkbox"/>			F. HAZARDOUS MATERIALS YES <input type="checkbox"/> PAINT <input type="checkbox"/> ASBESTOS <input type="checkbox"/> EXPLOSIVES <input type="checkbox"/> GAS CYLINDERS <input type="checkbox"/> CHEMICALS <input type="checkbox"/>								
17. RECOMMENDATIONS NO FURTHER ACTION REQ'D <input type="checkbox"/> Structural evaluation required <input type="checkbox"/> Geotechnical evaluation req'd. <input type="checkbox"/> Barricades needed as follows <input type="checkbox"/>			18. % STRUCT. DAMAGE <b>10</b>			19. ESTIMATED STRUCTURAL REPAIR COST <b>45,000 \$25000</b>			20. ESTIMATED GEOTECHNICAL REPAIR COST <b>\$1930</b>		
FOLLOW-UP REQ'D BY Fence property/structure <input type="checkbox"/> Board up building <input type="checkbox"/> Clean up and remove debris <input type="checkbox"/> Immed. Hazard abatement req'd. <input type="checkbox"/> Vacate entire building <input type="checkbox"/> Partially vacate building <input type="checkbox"/>			YES <input type="checkbox"/> NONE <input type="checkbox"/> COMM/APT INP. <input type="checkbox"/> RESIDENTIAL INSP. <input type="checkbox"/> URM/TILT-UP INSP. <input type="checkbox"/> MECHANICAL <input type="checkbox"/> GRADING <input type="checkbox"/> OTHER <input type="checkbox"/>								
22. TYPE OF ORDER REQUIRED 91.8907-PN. (BLUE) <input type="checkbox"/> 91.8903-SS. (PINK) <input type="checkbox"/> 91.8904-AN. (GRAY) <input type="checkbox"/> 91.8904-GT. (GOLD) <input type="checkbox"/> 91.8101-OTC. (WHITE) <input type="checkbox"/>			24. INSPECTOR'S NAME <b>MARTINEZ, JERRY</b>			25. INSPECTOR'S I.D. <b>85250</b>			26. AGENCY <b>B/S</b>		
23. OVERALL RATING <b>INSPECTED</b> INSPECTED (GREEN) <input type="checkbox"/> LTD. ENTRY (YELLOW) <input type="checkbox"/> UNSAFE (RED) <input type="checkbox"/>			27. DATE <b>2/20/95</b>			28. END TIME <b>1305</b>					
A "YES" IS MARKED IN CATEGORIES 16C, E OR F ABOVE. IS GROUNDS FOR POSTING THE BUILDING UNSAFE. A DESCRIPTION OF THE AREA AFFECTED MUST ACCOMPANY ANY LIMITED ENTRY AND UNSAFE POSTING. A "YES" IN CATEGORY 16D REQUIRES POSTING AND BARRICADING TO INDICATE THAT AREA UNSAFE. RECOMMENDED POSTING EXTERIOR ONLY <input type="checkbox"/> INTERIOR ONLY <input type="checkbox"/> BOTH (INT/EXT) <input type="checkbox"/>			29. EXTENT OF INSPECTION LTD. ENTRY/UNSAFE RATING APPLIES TO: ENTIRE BUILDING <input type="checkbox"/> AN AREA (Describe) <b>PORTION OF 4TH FL.</b>								

## INSTRUCTIONS

## ALWAYS USE A NO. 2 PENCIL ONLY

1. Refrain from making extraneous marks or smudging pencil marks in and around the mark bubbles.
2. Ensure all data is accurately written onto this form.
3. Print all hand-written information clearly and legibly within the space provided.
4. All numeric data should be marked from the furthest right position. For example, 34 DWLG. UNITS should be marked as follows

CORRECT>

11. TOTAL DWLG. UNITS			
34			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INCORRECT&gt;

11. TOTAL DWLG. UNITS			
34			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Any existing information will be pre-printed on this form in the shaded heading area or along-side the mark bubbles. If it is determined that this information has changed or is incorrect, line out the pre-printed information and overwrite it with the correct information. You may only write in the shaded heading area provided. Mark the bubbles ONLY if you have changed the existing information or if you are supplying new information which was not previously indicated.
6. Verify all existing information in section 16. CURRENT SITE CONDITIONS. A "Y" (YES) will be pre-printed next to each set of mark bubbles. If the information is correct do not mark any bubbles. If the information is incorrect, mark the appropriate YES bubble. In the case when an existing "Y" condition proves to be incorrect, make a note of it in the COMMENTS section, but do not mark a bubble. NOTE: Provide a permit number, if possible, in the COMMENTS field if section 16D indicates that the building is UNDER REPAIR, REPAIR COMPLETE, or DEMOLISHED.

29. COMMENTS

PRINT CLEARLY AND LEGIBLY

▶ LIST PERMIT NO(S) (IF ANY) ▶

91.8101 OTC ISSUED 11/18/94

NOV. 6.1996 4:37PM CPD DIVISION 213 251 7411

NO.457 P.1/2



U.S. Department of Housing and Urban Development  
Los Angeles Office, Pacific/Hawaii Area  
1816 West Olympic Boulevard  
Los Angeles, California 90015-3801

Date: 11/6/96

FAX (213) 251-7411

**TRANSMITTAL COVER SHEET**

RECIPIENT LOCATION:

ORIGINATOR LOCATION:

L.A. City Bldg + Safety

L.A. City

RECIPIENT NAME:

ORIGINATOR NAME:

Karen Pernera

Jana Bickel

OFFICE CODE:

OFFICE CODE:

TELEPHONE OR ROOM NUMBER:

TELEPHONE OR ROOM NUMBER:

213-251-7239

SUBJECT/REMARKS (OPTIONAL):

PLEASE TELL me whether the buildings listed were  
DAMAGED AS A Result of the Northridge Earthquake  
I provide the status - red tag, yellow tag, green and  
date of last inspection if you have it.

TOTAL NUMBER OF PAGES

2

THANKS!  
(Including this cover sheet)

FORMS, PAMPLETS, PUBLICATIONS  
HANDBOOKS, NOTICES AND MORTGAGE LETTERS  
MAIL ORDER REQUESTS:

U.S. Dept. of Housing & Urban Development  
Attention: Printing Branch, Room B-100  
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FAX: (202) 708-2313, or call: (800) 767-7468

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# CITY OF LOS ANGELES

## CALIFORNIA

EQ1-94

DEPARTMENT OF  
BUILDING AND SAFETY  
105, CITY HALL  
LOS ANGELES, CA 90012-4869

WARREN V. O'BRIEN  
GENERAL MANAGER

ARTHUR J. JOHNSON, JR.  
EXECUTIVE OFFICER

SURVEYED: 09/28/94

MAILED: 11/18/94



RICHARD J. RIORDAN  
MAYOR

( PARA OBTENER TRADUCCION )  
( EN ESPANOL DE ESTA ORDEN, FAVOR )  
( DE LLAMAR AL (213) 485-7091 )  
( ENTRE LAS 7:30 A.M. A 4:30 P.M. )

BLUM, JOSEPH A AND  
6362 HOLLYWOOD BLVD NO402  
HOLLYWOOD CA 90028

Entered & verified by MAon (date) 11/17/94AIN: 15546\0028\019

CD: 13

### ORDER TO COMPLY - LOCAL EMERGENCY

STREET ADDRESS: 6362 HOLLYWOOD BL

(Retail)

The conditions listed below for the street address shown are violations of the Los Angeles Municipal Code (L.A.M.C.). You are therefore ordered to secure all required permits within 30 days from the date this order was mailed. You are further ordered to obtain all required inspection approvals and complete the work to eliminate these conditions by the compliance date, which is 45 days from the date this order was mailed. Section 91.8101 L.A.M.C. Applications for permits which may be necessary to comply with this order may be obtained from any of the Building and Safety offices listed on the attached information sheet.

If you do not comply with this order within the time period noted above, you may be issued an order declaring the property to constitute a hazardous and/or substandard condition as defined in Section 91.8902 of the L.A.M.C., and a notice so stating will, at that time, be filed with the County Recorder.

- |   |   |  |
|---|---|--|
| <p>1. STRUCTURAL HAZARDS</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> STRUCTURAL EVALUATION REQUIRED</li> <li><input type="checkbox"/> COLLAPSE/PARTIAL COLLAPSE</li> <li><input type="checkbox"/> BUILDING OR STORY LEANING</li> <li><input type="checkbox"/> FOUNDATIONS</li> <li><input type="checkbox"/> ROOF/FLOORS (VERTICAL LOADS)</li> <li><input checked="" type="checkbox"/> COLUMNS/PILASTERS/CORBELS</li> <li><input checked="" type="checkbox"/> DIAPHRAGMS/HORIZONTAL BRACING</li> <li><input checked="" type="checkbox"/> WALLS/VERTICAL BRACING</li> <li><input type="checkbox"/> MOMENTS FRAMES</li> <li><input type="checkbox"/> PRECAST CONNECTIONS</li> <li><input type="checkbox"/> OTHER _____</li> </ul> | <p>2. NONSTRUCTURAL HAZARDS</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> PARAPETS/ORNAMENTATION</li> <li><input type="checkbox"/> CLADDING/GLAZING</li> <li><input type="checkbox"/> CEILING/LIGHT FIXTURES</li> <li><input type="checkbox"/> INTERIOR WALL/PARTITIONS</li> <li><input type="checkbox"/> ELEVATORS</li> <li><input type="checkbox"/> STAIRS/EXITS</li> <li><input type="checkbox"/> CHIMNEY</li> <li><input type="checkbox"/> MASONRY "GARDEN" WALLS</li> <li><input type="checkbox"/> ELECTRICAL</li> <li><input type="checkbox"/> GAS PIPING</li> <li><input type="checkbox"/> WATER/WASTE PLUMBING</li> <li><input type="checkbox"/> HEATING/AIR CONDITIONING</li> <li><input type="checkbox"/> OTHER _____</li> </ul> | <p>3. GEOTECHNICAL HAZARDS</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> GROUND MOVEMENT, FISSURES</li> <li><input type="checkbox"/> SLOPE FAILURE</li> <li><input type="checkbox"/> CLASS OF SLIDE (1,2,3)</li> <li><input type="checkbox"/> RETAINING WALL FAILURE</li> <li><input type="checkbox"/> DEBRIS/MUD FLOW</li> <li><input type="checkbox"/> WATER DAMAGE</li> <li><input type="checkbox"/> OTHER _____</li> </ul> |
| <p>4. HAZARDOUS MATERIALS</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PAINT</li> <li><input type="checkbox"/> ASBESTOS</li> <li><input type="checkbox"/> EXPLOSIVES</li> <li><input type="checkbox"/> GAS CYLINDER</li> <li><input type="checkbox"/> CHEMICALS</li> <li><input type="checkbox"/> OTHER _____</li> </ul>   |   |  |

5. OTHER: \_\_\_\_\_

☐ NO PERMIT REQUIRED☒ PERMIT REQUIRED☒ PLANS REQUIRED TO REPAIR

You are entitled to know that there is an appeal procedure established in the City whereby the Board of Building and Safety Commissioners has the authority to hear appeals from the requirements contained in this order.

NEIGHBORS, BRAD

INSPECTOR'S NAME (PRINT)

INSPECTOR'S SIGNATURE Brad NeighborsINSPECTOR'S PHONE NO. 308-7612INSP. ID # 12225

(EQLE.MGD) REC #

R.4/22/94

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